

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400190056

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 28700  
2. Name of Operator: EXXON MOBIL OIL CORPORATION  
3. Address: P O BOX 4358 WGR RM 310  
City: HOUSTON State: TX Zip: 77210-  
4. Contact Name: Lynn Neely  
Phone: (281) 654-1949  
Fax: (281) 654-1940

5. API Number 05-103-07478-00  
6. County: RIO BLANCO  
7. Well Name: U S A-PICEANCE CREEK  
Well Number: F13-1G  
8. Location: QtrQtr: NWSW Section: 1 Township: 2S Range: 97W Meridian: 6  
9. Field Name: PICEANCE CREEK Field Code: 68800

Completed Interval

FORMATION: WASATCH A Status: INJECTING

Treatment Date: 06/16/2011 Date of First Production this formation: 06/16/2011  
Perforations Top: 2286 Bottom: 2717 No. Holes: 41 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

The only change to the wellbore was a cement squeeze in the production casing from 1450 feet to 1750 feet completed September 28, 2010. Installed new tbg and packer June 2, 2011. There were no changes to the perforations and no stimulation was performed.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:  
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:  
Test Method: Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:  
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

Completion Report for conversion of well from producer to injection.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Lynn Neely

Title: Regulatory Specialist Date: Email: lynn.r.neely@exxonmobil.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400190070	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)